

Survey, Certification and Credentialing  
Commission  
612 South Kansas Avenue  
Topeka, KS 66603



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Kari M. Bruffett, Secretary  
Audrey Sunderraj, Interim Commissioner

Sam Brownback, Governor

10/01/2015

Provider Number: 17E242

Todd Willert, Administrator  
Community Hospital Onaga LTCU  
206 Grand Ave  
St Marys, KS 66536

### **LICENSURE AND CERTIFICATION ABBREVIATED SURVEY**

On September 14, 2015, an Abbreviated survey was concluded at your facility by the Kansas Department for Aging and Disability Services (KDADS) to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found the most serious deficiency in your facility to be a "G" level. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

### **Enforcement Remedies**

Required remedies will be recommended for imposition by the Center for Medicare and Medicaid Services (CMS) Regional Office if your facility has failed to achieve substantial compliance. Informal dispute resolution for the cited deficiencies will not delay the imposition of the enforcement actions recommended. The outcome of a revisit may result in a change in the remedy selected.

As a result of the survey findings and in accordance with 42 CFR 488.417(b), a denial of payment for new Medicare and Medicaid admissions (DPNA) will be imposed effective December 14, 2015. We are advising the State Medicaid Agency to deny payment for new admissions effective December 14, 2015. This DPNA will remain in effect until your facility has achieved compliance or your provider agreement is terminated. Please note that the denial of payment for new Medicare admissions includes Medicare beneficiaries enrolled in managed care plans. It is your obligation to inform Medicare managed care plans contracting with your facility of this denial of payment for new admissions

The denial of payment for all new Medicare admissions will remain in effect until your facility has achieved substantial compliance or your provider agreement is terminated. Informal dispute resolution for the cited deficiencies will not delay the imposition of enforcement remedies.

If substantial compliance is not achieved within six (6) months of the health survey identifying noncompliance, March 14, 2016, we are recommending to CMS that your facility be terminated from Medicare program.

**NOTE: The above remedies are subject to change if substantial compliance is not achieved**

following subsequent visits.

**Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, you will be provided with a separate formal notification of that determination.**

**Plan of Correction (POC)**

We have received your Plan of Correction.

Please note that Federal law, as specified in the Social Security Act 1819(F)(2)(B) and 1919(f)(2)(B) prohibits approval of nurse aide training and competency evaluation programs (**NATCEP**) and nurse aide competency evaluation programs (CEP) offered by or in a facility which has been subject to the following: an extended or partial extended survey; assessment of a Civil Money Penalty of not less than \$5000.00; a Denial of Payment for new Medicare/Medicaid admissions; or termination. If any of these situations occur, **NATCEP** is to be denied and you will be so advised in a separate notification.

**Informal Dispute Resolution (IDR)**

In accordance with CFR 488.331, you have one opportunity to question newly identified deficiencies or a different example of a previously cited deficiency through an informal dispute resolution (IDR). You may also contest scope and severity assessments for deficiencies which resulted in a finding of substandard quality of care or immediate jeopardy. To be given such an opportunity, you are required to send five copies of your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies (or why you are disputing the scope and severity assessments of deficiencies which have been found to constitute substandard quality of care or immediate jeopardy) to:

Audrey Sunderraj, Interim Commissioner  
Kansas Department for Aging and Disability Services  
Survey, Certification and Credentialing Commission  
612 South Kansas Avenue  
Topeka, KS 66603.

KDADS must receive your written request for IDR within 10 calendar days of your receipt of the statement of deficiencies. An incomplete IDR process will not delay the effective date of any enforcement action.

If you have any questions concerning the instructions contained in this letter, please contact me at (785) 296-1265.



Mary Jane Kennedy, LBSW  
Complaint Coordinator  
Survey, Certification and Credentialing Commission  
Kansas Department for Aging and Disability Services

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c: Susan Fout, Regional Manager, KDADS  
Audrey Sunderraj, Interim Commissioner, KDADS